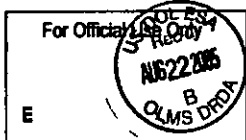


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 88-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text" value="12480"/>	2 Fiscal Year Covered From <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
3 Name and address of person filing Name <input type="text" value="Raymond"/> <input type="text" value="F"/> <input type="text" value="Gruber Jr"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text" value="587 State Route 534 South"/> City <input type="text" value="Geneva"/> State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="44041"/>	4 Name file number and address of labor organization Name <input type="text" value="United Steelworkers of America"/> Labor Organization File Number <input type="text" value="000-094"/> P O Box Building and Room Number if any <input type="text"/> Street <input type="text" value="Five Gateway Center"/> City <input type="text" value="Pittsburgh"/> State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="15222"/>
5 Position in labor organization <input type="text" value="Staff Representative"/>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest, Transaction or Income <input type="text"/> 7 b Amount <input type="text"/>

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)	
Signed <input type="text" value="Raymond F. Gruber Jr."/>	On <input type="text" value="8-15-05"/> <input type="text" value="2140-466-5341"/> Date Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Anthem Blue Cross/ Blue Shield

Trade Name if any

P O Box Bldg Room No if any

Street 6740 North High Street

City Wothington

State Ohio

ZIP Code + 4 43085

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Health Insurance vendor

11 b Approximate dollar value of such dealing

\$0

12 a Nature of interest held or income received

Golf Outing (100 00)

12 b Amount

\$100

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐or Consultant ☐ ?

14 b Amount of payment.